

SHOPPING GUIDE FOR HEALTH INSURANCE

The Idaho Department of Insurance encourages consumers to shop around before selecting a health insurance plan. It is important to learn how an insurance plan works and what is and is not covered before you have a claim. Here are some suggested questions to discuss with insurance sales representatives to compare health insurance plans:

	Company Name	Company Name
Questions		
<p><u>Is this insurance?</u></p> <p>Is this a plan of insurance, or a discount services plan with “PPO benefits” or “membership benefits”?</p> <p>Is the insurance company licensed by the Idaho Department of Insurance to do insurance business in Idaho?</p> <p>Is the salesperson licensed as an insurance agent in Idaho?</p> <p>What terms are used to describe the insurance plan? Major medical? Hospital/Surgical/Medical? Indemnity? Specified Disease?</p> <p>What does the plan say about coverage for pre-existing conditions? Are there other waiting periods before certain illnesses or services are covered?</p>		
<p><u>What expenses do I have to pay?</u></p> <p>Does the plan have a deductible amount for each insured person? (That is, the amount each person must pay out-of-pocket before benefits will be paid)</p> <p>Is the deductible:</p> <ul style="list-style-type: none"> • For each calendar year? • For each admission into a hospital or surgical center? <p>Is there a limit on the number of deductibles the plan will charge for all members of my family? Is that limit good for a calendar year or for a “benefit period”?</p> <p>Is there a separate deductible for some services, such as maternity?</p> <p>Are there separate co-pays for some services?</p> <ul style="list-style-type: none"> • Doctor office visits. • Use of emergency room if not admitted to a hospital. <p>Does the plan pay benefits:</p>		

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<ul style="list-style-type: none"> • Based on a percentage of charges incurred? • Based on a schedule of services? <p>Does the plan have different benefit levels if I use an in-network/participating provider or an out-of-network/nonparticipating provider? How easy is it to get a list of participating providers? Are my doctors, medical facilities, or pharmacies included as participating providers?</p> <p>Does the plan include limits on the amount of my out-of-pocket expense?</p> <p>Does the plan require pre-authorization and/or pre-certification for some procedures? Are there penalties if I don't pre-authorize or pre-certify treatment?</p>		
<p><u>What's included in the plan, or do I have to pay extra for some coverage?</u></p> <p>Does the plan include the following, or do I have to buy additional coverage/riders for these benefits?</p> <ul style="list-style-type: none"> • Pregnancy/Maternity • Doctor office visits • Prescription drugs • Emergency room visits • Treatment of an accident if not admitted to a hospital • X-rays and laboratory tests if not admitted to a hospital • Wellness benefits (annual physical exam, well-child care, etc.) • Skilled nursing care, home health care, hospice • Chemotherapy or radiation if not admitted to a hospital • Air ambulance 		
<p><u>Are there benefit limits?</u></p> <p>Does the plan have limits on the amount of benefits it will pay for certain types of treatment or services? Are the limits for a calendar year or for each insured's lifetime?</p> <ul style="list-style-type: none"> • Prescription drugs • Mental health and/or chemical dependency • Chiropractic • TMJ or other jaw joint treatment • Home health or hospice care 		

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<ul style="list-style-type: none"> Physical, speech, occupational, or other therapy services <p>What are the maximum benefits the policy will pay?</p> <ul style="list-style-type: none"> \$1,000,000 during each insured's lifetime? Separate lifetime maximums for some services, such as organ transplants? 		
<p><u>What's excluded under the plan?</u> (Check the lists above on what's included in the plan, or for additional coverage/riders for some benefits, or what benefits are limited.) Does the plan have exclusions for:</p> <ul style="list-style-type: none"> Preexisting conditions; what is the plan's definition of a "preexisting condition"? Contraceptives. Maternity services for dependent children. Routine care for newborns. Medical/surgical treatment for obesity, such as gastric bypass surgery. Alternative therapies, such as acupuncture, naturopathic or homeopathic medicines, massage therapy, etc. Cosmetic and/or reconstructive surgery or services. Fertility treatment, prescriptions, or services. Dental or orthodontic-related treatment or services. Experimental or investigational treatment. Engaging in an illegal activity. Self-inflicted injury, suicide, or attempted suicide. 		
<p><u>How much are the premiums?</u> How often can the premium rates change? What is the company's history of premium increases?</p> <ul style="list-style-type: none"> Will my premiums increase as I get older? Can my premiums be increased due to the amount of my claims? <p>When does my policy renew? What information will the company send me about any plan changes at policy renewal?</p>		
<p><u>How is the company's customer service?</u> What happens when I call the company's customer service number?</p>		

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Questions		
Can I reach a real person to answer my questions?		
How easy is it to find a local participating/in-network provider?		
What happens if I am outside of Idaho or the U.S. and need emergency care?		
Has my doctor, pharmacist, or other health provider had any problems with this company in submitting claims for other insureds?		

The Idaho Department of Insurance is an agency of the state of Idaho that regulates the business of insurance in this state. Its staff is available to provide help to Idaho residents with problems or questions involving insurance. For more information, contact the Department:

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